

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/529799

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		0				
6		0				
7		0				
8		0				
9	1					
10		1				
11		2				
12		0				
13		0				
14		0				
15	1					
16		1				
17		0				
18		0				
19	1					
20		1				
21						
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23						
24						
25						
26			1			
27				1		
28				1		
29				1		
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31				1		
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49						
50						
TOTAL IND.	4	↓	2	↓		↓
TOTAL DEP.	18	←	14	←		←
TOTAL CLAIMS	22		16			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						